REPORT OF VERIFIED CA			
OF TUBERCULOS	(M.I.)	(First)	(Last)



Patient's Name: \_\_

				PARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH SERVICES
EENTERS FOR DISEASE"	EPORT OF VERIFIED CA	ASE OF TU	BERCULOSIS	CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ATLANTA, GEORGIA 30333
CONTROL AND PREVENTION			FORM	APPROVED OMB NO. 0920-0026 Exp. Date 09/30/2005
	tate Reporting:		2. State Case Number:	<del>_</del>
	pecify:		Number.	
A	Ipha State Code		City/County Case Number:	
3. Date Submitted: By:		4. Address fo	or Case Counting:	
MoDayYr		City		
		_ ´ ∟	ithin City Limits 1 ☐ Yes	2 No
5. Month-Year Reported:	6. Month-Year Counted:	County		
Mo. Yr.	Mo. Yr.	_	Zip Code	
7. Date of Birth:	8. Sex: 9. Ethnicity:	10. Race:		
Mo. Day Yr.	(Select one)		nerican Indian Alaska Native 3	Black or African American 5 White
	1 Male 1 Hispanic or Latino  Not Hispanic	more) 2 As	sian Specify (Optional):	Native Hawaiian or Other Pacific Islander
11. Country of Origin:	2 Female 2 or Latino	12 Month-Ye	ar Arrived in U.S.:	Specify (Optional):  13. Status at Diagnosis of TB:
_		Mo.	Yr.	
If U.S., check here If not U.S., 6	enter country code (see list)			1 Alive 2 Dead
14. Previous Diagnosis of Tuberculosis:	15. Major Site of Disease:		50 Mili	iary *If site is "Other", enter anatomic
	00 Pulmonary 2	Lymphatic:	Other 60 Me	ningeal code (see list)
1 Yes	10 Pleural 2	29 Lymphatic:	Unknown 70 Per	itoneal
2 No	21 Lymphatic: Cervical 3	Bone and/o	r Joint 80 Oth	ner*
Yr. If yes, list year	22 Lymphatic: Intrathoracic 4	Genitourina	ry 90 Site	e not Stated
of previous diagnosis	16. Additional Site of Disease:			*If site is "Other", enter anatomic code
diagss.s		Lymphatic:		iary (see list)
If more than one previous		29 Lymphatic:	Unknown 60 Me	ningeal
<sup>1</sup> episode, check here		Bone and/o		itoneal If more than one additional site,
		Genitourina		check here C
17. Sputum Smear:	18. Sputum Culture:		pic Exam of Tissue and	Other Body Fluids:
1 Positive 3 Not Done	1 Positive 3 Not Done			If positive, enter anatomic code(s)
2 Negative 9 Unknown	2 Negative 9 Unknown	n 2 Nega	tive 9 Unknown	(see list)
20. Culture of Tissue and Other Body	Fluids:	21. Chest X-I	Ray:	
1 Positive 3 Not Done	If positive, enter	1 Normal	2 Abnormal	3 Not Done 9 Unknown
2 Negative 9 Unknown	anatomic code(s) (see list)			
22. Tuberculin (Mantoux) Skin Test at	Diagnosis:	If Abno	rmal one) 1 Cavitary 2	Noncavitary 3 Noncavitary
		,		Consistent Not Consistent with TB with TB
1 Positive 3 Not Done	Millimeters (mm) of Induration	16.41	smal 1 Stable	3 Improving
2 Negative 9 Unknown		If Abnor	one)	9 Unknown
If Negative, was patient anergic?	1 Yes 2 No 9 Unknowr	1	Z Worsening	5 Onknown

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## REPORT OF VERIFIED CASE OF TUBERCULOSIS

23. HIV Status:	0 Negative 3 Refuse	ed 9 Unkno	wn		24. Homeless Within Past Year:
	1 Positive 4 Not Of	fered			0 No
	2 Indeterminate 5 Test Do	one, Results Unknown			1 Yes
					9 Unknown
If Positive, Base	ed on: 1 Medical Documentation	2 Patient History	9 Unknown		
If Positive, List:	: CDC AIDS Patient Number		(If AIDS Reported	d before 1993)	
_	C				
· ·	State HIV/AIDS Patient Number		(II A	IDS Reported 1993	or Later)
City/Co	ounty HIV/AIDS Patient Number		(If A	IDS Reported 1993	or Later)
25. Resident of Co	rrectional Facility at Time of Diagn	osis: 0 No 1	1 Yes 9 Unkn	nown	
If Yes,	1 Federal Prison 3 Local	Jail 5	Other Correctional Fa	acility	
	2 State Prison 4 Juveni Correct	le ctional Facility 9	Unknown		
26. Resident of Lon	g-Term Care Facility at Time of Diagr	nosis: 0 No 1	1 Yes 9 Unkn	nown	
If Yes,	1 Nursing Home 4	Mental Health Resi	dential Facility 6	Other Long-Term	Care Facility
	2 Hospital-Based Facility 5	Alcohol or Drug Tre	, _	Unknown	•
	3 Residential Facility				
27. Initial Drug Regi					
l,	NO YES UNK.	NO		A - 11 -	NO YES UNK.
Isoniazid	0 1 9	Ethionamide 0	1 9 9	Amika	
Rifampin Pyrazinamide	0 1 9	Kanamycin 0	] 1 9 ]	Rifabu	
Ethambutol	0 1 9 9	Cycloserine 0 Capreomycin 0	1	Ofloxa	
Streptomycin	0 1 9	Para-Amino 0	1 9 9	Official	
		Salicylic Acid			
28. Date Therapy St	arted: Mo. Day Yr.		29. Injecting Drug (	Use Within Past Ye	ar:
	NVO. Day 11.			0 No 1	Yes 9 Unknown
30. Non-Injecting Di	rug Use Within Past Year:		31. Excess Alcohol	I Use Within Past Y	ear:
	0 No 1 Yes 9 Unkn	own		0 No 1	Yes 9 Unknown
32. Occupation (C.	heck all that apply within the past 24	months):			
	1 Health Care Worker	3 Migratory Agric	cultural Worker	5 Not Employee	d within Past 24 Months
	2 Correctional Employee	4 Other Occupati	ion	9 Unknown	
Comments:					
(					

Patient's Name:			
	(Last)	(First)	(M.I.)

REPORT OF VERIFIED CASE **OF TUBERCULOSIS** 

(Number, Street, City, State) Zip Code)



Street Address:

## REPORT OF VERIFIED CASE OF TUBERCULOSIS

**DEPARTMENT OF HEALTH & HUMAN SERVICES** PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ATLANTA, GEORGIA 30333

FORM APPROVED OMB NO. 0920-0026 Exp. Date 09/30/2005

State Reporting:   State Case   Specify:   Alpha State Code   Specify:   Counted:   State Case   Number:   Specify:   Case Number:   Specify:   Case Number:   Specify:   Case Number:   Specify:   Case Number:   Specify:   Case Number:   Specify:   Spe	itial Drug Susc	eptibility Re	eport				(F	ollow	Up Re	port	_
Note   Day   Vr.   Susceptibility   Results:   Note   Day   Vr.   Susceptibility   Results:   Note   Day   Vr.   Susceptibility   Results:   Resistant   Susceptible   Note   Day   Day	SOUNDEX	Specify:				Number:	:				
Was Drug Susceptibility Testing Done:   0				e cases.							_
If Yas,   Susceptibility Results:   Resistant   Susceptible   Not Done   Unknown	3. Initial Drug Susce	eptibility Results	s:								
If Yes,   Enter Date First Isolate Collected for Which Drug Susceptibility Was Done?											
Susceptibility Results:   Resistant   Susceptible   Not Done   Unknown											
Resistant   Susceptible   Not Done   Unknown	Enter Date First Isola			Day Yr.							
Rifampin       1       2       3       9         Pyrazinamide       1       2       3       9         Ethambutol       1       2       3       9         Streptomycin       1       2       3       9         Ethionamide       1       2       3       9         Kanamycin       1       2       3       9         Cycloserine       1       2       3       9         Capreomycin       1       2       3       9         Para-Amino       Salicylic Acid       1       2       3       9         Amikacin       1       2       3       9         Rifabutine       1       2       3       9         Ofloxacin       1       2       3       9         Ofloxacin       1       2       3       9	4. Susceptibility Res	sults:	Resistant	<u>Susceptible</u>	Not Done	<u>Unknown</u>					
Pyrazinamide         1         2         3         9           Ethambutol         1         2         3         9           Streptomycin         1         2         3         9           Ethionamide         1         2         3         9           Kanamycin         1         2         3         9           Cycloserine         1         2         3         9           Capreomycin         1         2         3         9           Para-Amino Salicylic Acid         1         2         3         9           Amikacin         1         2         3         9           Rifabutine         1         2         3         9           Ofloxacin         1         2         3         9           Other         1         2         3         9		Isoniazid	1	2	3	9					
Ethambutol       1       2       3       9         Streptomycin       1       2       3       9         Ethionamide       1       2       3       9         Kanamycin       1       2       3       9         Cycloserine       1       2       3       9         Capreomycin       1       2       3       9         Para-Amino Salicylic Acid       1       2       3       9         Amikacin       1       2       3       9         Rifabutine       1       2       3       9         Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9		Rifampin	1	2	3	9					
Streptomycin       1       2       3       9         Ethionamide       1       2       3       9         Kanamycin       1       2       3       9         Cycloserine       1       2       3       9         Capreomycin       1       2       3       9         Para-Amino Salicylic Acid       1       2       3       9         Amikacin       1       2       3       9         Rifabutine       1       2       3       9         Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9		Pyrazinamide	1	2	3	9					
Ethionamide       1       2       3       9         Kanamycin       1       2       3       9         Cycloserine       1       2       3       9         Capreomycin       1       2       3       9         Para-Amino Salicylic Acid       1       2       3       9         Amikacin       1       2       3       9         Rifabutine       1       2       3       9         Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9		Ethambutol	1	2	3	9					
Kanamycin       1       2       3       9         Cycloserine       1       2       3       9         Capreomycin       1       2       3       9         Para-Amino Salicylic Acid       1       2       3       9         Amikacin       1       2       3       9         Rifabutine       1       2       3       9         Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9		Streptomycin	1	2	3	9					
Cycloserine       1       2       3       9         Capreomycin       1       2       3       9         Para-Amino Salicylic Acid       1       2       3       9         Amikacin       1       2       3       9         Rifabutine       1       2       3       9         Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9		Ethionamide	1	2	3	9					
Capreomycin       1       2       3       9         Para-Amino Salicylic Acid       1       2       3       9         Amikacin       1       2       3       9         Rifabutine       1       2       3       9         Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9		Kanamycin	1	2	3	9					
Para-Amino Salicylic Acid       1       2       3       9         Amikacin       1       2       3       9         Rifabutine       1       2       3       9         Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9		Cycloserine	1	2	3	9					
Salicylic Acid       1       2       3       9         Amikacin       1       2       3       9         Rifabutine       1       2       3       9         Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9			1	2	3	9					
Rifabutine       1       2       3       9         Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9		Para-Amino Salicylic Acid	1	2	3	9					
Ciprofloxacin       1       2       3       9         Ofloxacin       1       2       3       9         Other       1       2       3       9		Amikacin	1	2	3	9					
Ofloxacin 1 2 3 9 Other 1 2 3 9		Rifabutine	1	2	3	9					
Other 1 2 3 9		Ciprofloxacin	1	2	3	9					
		Ofloxacin	1	2	3	9					
iments:		Other	1	2	3	9					
nments:											_
	omments:										_

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atient's Name:			
	(Last)	(First)	(M.I.)

REPORT OF VERIFIED CASE **OF TUBERCULOSIS** 

Street Address: (Number, Street, City, State) Zip Code)



## REPORT OF VERIFIED CASE OF TUBERCULOSIS

**DEPARTMENT OF HEALTH & HUMAN SERVICES** 

PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ATLANTA, GEORGIA 30333

Control and Prevention  Case Completion Report			(Follow Up Report – 2)
SOUNDEX Specify: _ Alpha Sta	te Code		punty Jumber:
Submit this report for all case	-		
35. Sputum Culture Conversion Documented:  0 No 1 Yes 9 Unknow	If Yes, Date Specimen Collection Initial Positive Sputum Cu  Mo. Day Yr.	Iture: First Co	Pate Specimen Collected on Insistently Negative Culture:  Alo. Day Yr.
36. Date Therapy Stopped:  Mo. Day Yr.	37. Reason Therapy Stoppe  1 Completed Therapy 2 Moved	ad:  3 Lost 4 Uncooperative or Re	5 Not TB 7 Other efused 6 Died 9 Unknown
38. Type of Health Care Provider:	39. Directly Observed Thera	apy: If Yes, G	Sive Site(s) of Directly Observed Therapy:
1 Health Department 2 Private/Other 3 Both Health Department and Private/Other 9 Unknown	0 No, Totally Self-Admin  1 Yes, Totally Directly O  2 Yes, Both Directly Obs and Self-Administere  9 Unknown	bserved 2 served 3 served 9	In Clinic or Other Facility  In the Field  Both in Facility and in the Field  Unknown  Weeks  Weeks of Directly Observed Therapy:
40. Final Drug Susceptibility Results Was Follow-up Drug Susceptibility Tesi If answer is No or Unknown, or	ting Done? 0 No 1 Yes	Unk. Collector Suscep	Enter Date Final Isolate ed for Which Drug Mo. Day Yr. otibility Was Done:
41. Final Susceptibility Results:  Isoniazid 1  Rifampin 1  Pyrazinamide 1  Ethambutol 1  Streptomycin 1  Ethionamide 1  Kanamycin 1  Cycloserine 1	tant         Susceptible         Not Done         Unkn           2         3         9           2         3         9           2         3         9           2         3         9           2         3         9           2         3         9           2         3         9           2         3         9           2         3         9           2         3         9	Capreomycin Para-Amino Salicylic Acid Amikacin Rifabutine Ciprofloxacin Ofloxacin	1 2 3 9 1 1 2 3 9 1 1 2 3 9 9 1 1 1 2 1 3 9 1 1 1 1 1 2 1 3 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Comments:			

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